PTO/SB/21 (02-04)

Signature

		Application Number	09/828,644		
TRANSMITTAL		Filing Date	April 6, 2001		
FORM (to be used for all correspondence after initial filing)		First Named Inventor	Gabriel Vogeli		
		Art Unit	1646		
		Examiner Name	John D. Ulm		
tal Number of Pages in This Submission	n 6	Attorney Docket Number	PHRM0010-100(00196.US1)		
<u> </u>		SURES (check all that apply)	<u> </u>		
Fee Transmittal Form	☐ Drawin		After Allowance Communication to Group		
Fee Attached	Licens	ing-related Papers	Appeal Communication to Board of Appeals and Interferences		
Amendment / Reply	Petition	n .	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
After Final		n to Convert to a ional Application	Proprietary Information		
Affidavits/declaration(s)		of Attorney, Revocation e of Correspondence Address	Status Letter		
Extension of Time Request	Termin	nal Disclaimer	Other Enclosure(s) (please identify below):		
		st for Refund	Postcard receipt		
Express Abandonment Request	CD, N	umber of CD(s)			
Information Disclosure Statement					
Certified Copy of Priority Document(s)	Rema	nrks			
Response to Missing Parts/ Incomplete Application					
Response to Missing Parts under 37 CFR 1.52 or 1.53					
SIGNA	TURE OF	APPLICANT, ATTORNEY, O	R AGENT		
Firm or Gwilym J.O. Attwell, Individual name	Regis. No. 45,	449			
Signature Signature	†				
Date May 24, 2004	4				
	CERTIFICA	TE OF TRANSMISSION/MAI	LING		
	is being fac	simile transmitted to the USPTO	or deposited with the United States Post		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date

May 24, 2004

PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032
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011	EFF TRANSMITTAL	Complete if Known			
	FEE TRANSMITTAL	Application Number	09/828,644		
MAY 2	2004 🕏 for FY 2004	Filing Date	April 6, 2001		
	'W	First Named Inventor	Gabriel Vogeli		
(E)	Rective 10/01/2003. Patent fees are subject to annual revision.	Examiner Name	John D. Ulm 1646		
TRAI	Applicant claims small entity status. See 37 CFR 1.27	Art Unit			
,	TOTAL AMOUNT OF PAYMENT (\$) 1170.00	Attorney Docket No.	PHRM0010-100/130985		

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)					
			3. ADDITIONAL FEES					
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order			Entity	Small E	ntity			
☑ Deposit Account:			Fee	Fee	Fee			
Deposit		Fee Code	(\$)	Code	(\$)	Fee Description	Fee Pald	
Account 50-1275			130	2051	65	Surcharge - late filing fee or oath		
Number		1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.		
Deposit			130	1053	130	Non-English specification		
Account Cozen O'Connor		1812	2,520	1812	2,520	For filing a request for reexamination		
Name			920*	1804	920°	Requesting publication of SIR prior to Examiner action	,	
The Director is authorized to: (check all that apply) ☑ Charge fee(s) indicated below ☑ Credit any overpayments			1,840°	1805	1,840*			
☐ Charge any additional fee(s) during the pendency of this application			.,0.0	''	.,00	Examiner action		
Charge fee(s) indicated below, except for the above identified deposit account	or the filing fee	1251	110	2251	55	Extension for reply within first month		
to the above-identified deposit account. FEE CALCULATION			420	2252	210	Extension for reply within second month		
		-				Extension for reply within third month		
1. BASIC FILING FEE Large Entity Small Entity		1253	950	2253	475	\$950-\$110(FEE ALREADY PAID FOR 1 MONTH EXT)=	840	
Fee Fee Fee Fee <u>Fee Desc</u> Code (\$) Code (\$)	ription Fee Paid	1254	1,480	2254	740	Extension for reply within fourth month		
1001 770 2001 385 Utility filing	g fee	1255	2,010	2255	1,005	Extension for reply within fifth month		
1002 340 2002 170 Design fili		1401	330	2401	165	Notice of Appeal	330	
1003 530 2003 265 Plant filing		1402	330	2402	165	Filing a brief in support of an appeal		
1004 770 2004 385 Reissue fil	• —	1403	290	2403	145	Request for oral hearing		
'	al filling fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding		
SUBTOTAL (1)	SUBTOTAL (1) (\$) 0			2452	55	Petition to revive – unavoidable		
2. EXTRA CLAIM FEES FOR UTILIT	Y AND REISSUE	1453	1,330	2453	665	Petition to revive – unintentional		
Extra	Fee from Fee	1501 1502	1,330	2501	665	Utility issue fee (or reissue)		
Claims below Paid Total Claims -20 ** = 0 X = 0			480	2502	240	Design issue fee		
Total Claims		1503	640	2503	320	Plant issue fee		
Claims -3 ** = 0	X	1460 1807	130 50	1460 1807	130 50	Petitions to the Commissioner Processing fee under 37 CFR 1.17 (c	~ 	
Multiple Dependent	x = 0	1806	180	1806	180	Submission of Information Disclosure		
Large Entity Small Entity		1				Stmt Recording each patent assignment		
Fee Fee Fee Fee	<u>Description</u>	8021	40	8021	40	per property (times number of properties)		
Code (\$) Code (\$) 1202 18 2202 9 Claim	ns in excess of 20	1809	770	2809	385	Filing a submission after final rejection	'n	
·	endent claims in excess of 3	1810	770	2810	385	(37 CFR § 1.129(a)) For each additional invention to be	\vdash	
•	ple dependent claim, if not paid	1310	,,,	2310	303	examined (37 CFR § 1.129(b))		
1204 86 2204 43 origin	issue independent claims over al patent	1801	770	2801	385	Request for Continued Examination (RCE	£)	
	issue claims in excess of 20 and original patent	1802	900	1802	900	Request for expedited examination of a design application		
SUBTOTAL	SUBTOTAL (2) (\$) 0							
(4)3			Other fee (specify)					
**or number previously paid, if greater; For Reissues, see above			*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 1170.					
SUBMITTED BY					Complete (if applicable)			
Name (Print/Type) Gwyrg J. Attwell		45	,449		Telephone 215.665.6904			
Signature	11					Date May 24, 2004		

Signature

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